

**RELOCATION ASSISTANCE VERIFICATION**

Name \_\_\_\_\_

Project \_\_\_\_\_

Address \_\_\_\_\_

Parcel \_\_\_\_\_ Code \_\_\_\_\_

Initiation of Negotiations: \_\_\_\_\_  
DateFirst Call: \_\_\_\_\_  
Date

Type of Relocation: \_\_\_\_\_

ACTIVITY	Yes OR NO	DATE	Specialist Initials	Relocatee Initials
Relocation Brochure Delivered				
Tenant List Completed by Landlord				
RAAP 12 or 25 Completed				
Actual Cost Move Explained				
Self Move Explained (schedule or estimate)				
Monitoring Move and Inspection Explained				
Reimbursable Moving Cost Explained				
Non-reimbursable Moving Cost Explained				
Replacement Housing Explained				
Increased Interest Explained				
Eligible Incidental Expenses Explained				
Decent, Safe, and Sanitary Explained				
Business Reestablishment Cost Explained				
Search for Replacement Site Explained				
Payment-in-Lieu of Moving Costs Explained				
Right to Appeal Explained				
Relocation Office Location Given				
Transportation Offered to View Comps				
Payment Notice Explained – Issued Notice				
90 Day Notice Explained				

REMARKS: \_\_\_\_\_

I certify that the foregoing items were explained to this Relocatee and initialed to indicate the date they were explained.

\_\_\_\_\_  
Date\_\_\_\_\_  
Relocation Specialist